



**BARRINGTON RECREATION DEPARTMENT**  
P.O. BOX 660, 105 RAMSDELL LN. BARRINGTON, NH 03825  
PH: 603-664-5224, WWW.BARRINGTON.NH.GOV  
OFFICE HOURS MON-FRI 8:00 AM-4:00 PM

**2016-2017 Before and After School Programs**  
**M.A.P., A.S.K. & K.A.P. Information Sheet**  
*Please read thoroughly!*

**PROGRAM:** The M.A.P., A.S.K., K.A.P. programs provide participants with a quality program of well-supervised activities that encourages self-confidence, creativity, and a healthy lifestyle. To meet the physical, social, emotional, and recreational needs of children in, M.A.P., A.S.K. and K.A.P. will offer safe and fun recreational activities that promote healthy behaviors and lifestyles. These two programs will also provide a safe and secure environment, a relaxed atmosphere where participants can socialize, provide time for homework, and always provide a snack.

**OUR TEAM:** Our team is comprised of a collection of qualified, outgoing, and fun individuals who share their passion for recreational and educational programs with the community they serve. They are a group of very caring individuals who work together to create the best programs for you and your community.

**WHO ARE THE PROGRAMS DESIGNED FOR:** The M.A.P. Program is designed for Barrington Elementary School students who are in grades 1– 4<sup>th</sup>. The A.S.K. Program is designed for Barrington Middle School students who are in grades 5<sup>th</sup> – 8<sup>th</sup>. The K.A.P. Program is designed for Barrington Kindergarten students who are in Kindergarten.

**HOW TO REGISTER:** Registration begins February 16<sup>th</sup> at the Town Gym. **The Registration Packet must be complete & deposit given at time of registration.** Register early, limited space available. Registration packets can be picked up ahead of time at the Recreation Department. Parents/Guardians are required to update family/youth information yearly.

**K.A.P. PROGRAM**

*Min. of 20 participants, No Max. at this time*

**When:** Monday – Friday

**Time:** Morning Hours: 7 a.m.–8:30 a.m.

Afternoon Hours: 3:00 p.m.–6:00 p.m.

**AM Location:** Barrington Elementary School

**PM Location:** Barrington Town Gym

**Cost:** Mornings only, \$25 per week

Afternoons only, \$35 per week

Mornings & Afternoons, \$50 per week

*Deposit for program due at time of registration  
Deposit amount is equal to one week of program  
Deposit will be applied to last week of program*

**M.A.P. PROGRAM**

*Min. of 70 participants, Max. of 85 participants*

**When:** Monday – Friday

**Time:** Morning Hours: 7 a.m.–8:30 a.m.

Afternoon Hours: 3:00 p.m.–6:00 p.m.

**Location:** Barrington Elementary School

**Cost:** Mornings only, \$25 per week

Afternoons only, \$35 per week

Mornings & Afternoons, \$50 per week

*Deposit for program due at time of registration  
Deposit amount is equal to one week of program  
Deposit will be applied to last week of program*

**A.S.K. PROGRAM**

*Min. of 25 participants, No Max. at this time*

**When:** Monday – Friday

**Time:** 2:00p.m. – 6:00 p.m.

**Location:** Barrington Middle School

**Cost:** Afternoons only, \$40 per week

*Deposit for program due at time of registration  
Deposit amount is equal to one week of program  
Deposit will be applied to last week of program*

**LOCATIONS:** The M.A.P program is located at the Barrington Elementary School Cafeteria. Kindergarteners who attend the morning program should be dropped off at the Elementary School through the double doors located on the right side of the building to enter the cafeteria. The bus will pick them up and transport them to the Early Childhood Learning Center (ECLC).

K.A.P.- If they are also enrolled in the afternoon program. Kindergarteners will be picked up from ECLC and walked over to the town gym where the program will be held until 6pm.

The A.S.K. program is located at the Barrington Middle School in the Auditoria. This program is an afternoon-only program. Students will check in on-site when they are dismissed from school at the end of the day.

**DATES OF PROGRAMS:** The M.A.P., A.S.K. and K.A.P. program operate on the 2016-2017 SAU #74 School Calendar. The programs will run from the first day of school until the last day of school.

- On days that the schools are closed, we will typically offer Day Camps or week-long Day Camps, except the Thanksgiving and Holiday breaks.
- These camps are open to any student. Day Camps are **not** included in the weekly M.A.P./A.S.K./K.A.P. fees, so students will need to register/pay separately if they attend.
- You may register/pay for your child to attend through the Recreation Office.
- You will not be billed for the weeks that the schools/programs are not running.
- For weeks that schools are closed for a single day (Veteran's Day, Parent-Teacher Conference Days, etc.), we will bill for the entire week, and you can register/pay separately for your child to attend those Day Camps.

**DEPOSIT FEES:**

- Upon registration, you will pay a deposit fee. This deposit fee will be the same amount as a typical week in the program (i.e. MAP morning-only care deposit fee: \$25).
- This deposit fee is non-refundable and will be used towards the program's fees for the last week of the school year (June 2017) or the last week that your child attends the program.

**INSTALLMENT BILLING:**

- Once the program begins, the Recreation Department will send out weekly installment bills, typically every Monday. These bills are sent a week in advance of the dates you are being billed for. For example, the first bill you receive will be a week before school begins (August 22<sup>nd</sup> for the week of August 31<sup>st</sup>).
- Your bill will detail the total amount of fees you have incurred for the program, the total amount paid towards the program, and the total amount due.
- Your bill may also reflect an amount of credit your household has. This will appear with a (-) next to the amount to indicate that you owe nothing and have a credit to be used towards future payments or future programs.
- You may pay ahead in larger sums so that each weekly installment bill pulls the fees from the credit you have placed on your household.

**HOW TO MAKE PAYMENTS:**

- Please make payments payable to the Barrington Recreation Department.
- Payments can be mailed to PO Box 660, Barrington, NH 03820. You can also drop them off at 105 Ramsdell Lane at the Recreation Office or place it in the drop-box outside after hours.
- Payments can be made with a Visa or MasterCard at the office or over the phone at 603-664-5224.
- Online payments for this program can be made with your household account via Visa or MasterCard. To attain your household account log-in information for first-time users, please contact the Recreation Department.
- **DO NOT** drop off payments at the Elementary School, Middle School, or ECLC. Staff do not have permission to take any payment at any time.

**WAITLIST:**

- *Please register early.* There is a very limited number of spots open for these programs (particularly for the M.A.P. program. There is an 85 maximum number participants). Once our limit is reached, your child will be placed on the waitlist. Often times, families' plans or work schedules change, so when participants drop out of the program, we will work our way down the list to move waitlisted children into the program.
- *If you were on the waitlist from the previous year, you are not automatically next in line when registration begins for the next year's program. Waitlists for the 2015-2016 school year are ONLY for that year. If you need care for the 2016-2017, you will need to register as soon as registration opens in February.*

**ALLERGIES/MEDICATIONS:**

- If your child has any allergy or medical issues, the Medical Authorization Sheet and any medical emergency plan must be turned in at the time of registration. Please completely fill out the Medical Authorization Sheet. Please list your child's medical issues/allergies, list any medications, and list a treatment plan.
- **DO NOT** drop medication off at the program locations. Please bring any medication and/or epipens to the office where we can then transfer them to the site locations.



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OFFICE HOURS MON-FRI 8:00 AM-4:00 PM

**2016-2017 Before and After School Programs**  
**M.A.P., A.S.K. & K.A.P. Payment Cover Sheet**

Child Participant Name: \_\_\_\_\_

Grade entering in Fall 2016: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**K.A.P. PROGRAM**

**Cost:** Mornings only, \$25.00 per week  
Afternoons only, \$35.00 per week  
Mornings & Afternoons, \$50.00 per week

*Deposit for program due at time of registration.  
Deposit amount is equal to one week of program.  
Deposit will be applied to last week of program.*

**M.A.P. PROGRAM**

**Cost:** Mornings only, \$25.00 per week  
Afternoons only, \$35.00 per week  
Mornings & Afternoons, \$50.00 per week

*Deposit for program due at time of registration.  
Deposit amount is equal to one week of program.  
Deposit will be applied to last week of program.*

**A.S.K. PROGRAM**

**Cost:** Afternoons only, \$40.00 per week

*Deposit for program due at time of registration.  
Deposit amount is equal to one week of program.  
Deposit will be applied to last week of program.*

**\*\*Please check the appropriate box below\*\***

K.A.P. (Kindergarten) ☐ A.M. Only ☐ P.M. Only ☐ A.M. & P.M. (Both)

M.A.P. (Grades 1 - 4) ☐ A.M. Only ☐ P.M. Only ☐ A.M. & P.M. (Both)

A.S.K. (Grades 5- 8) A.M. is not available ☐ P.M. Only A.M. & P.M. is not available

**OFFICE USE ONLY!**

**Registration Checklist**

- |   |   |
|---|---|
| <input type="checkbox"/> Barrington Recreation Payment Cover Sheet      | <input type="checkbox"/> Behavior Management Policy   |
| <input type="checkbox"/> Barrington Recreation Registration Form        | <input type="checkbox"/> Parent/Student Contract Form |
| <input type="checkbox"/> Pick up Permission List                        | <input type="checkbox"/> Medical Authorization Form   |
| <input type="checkbox"/> Split Household Agreement Form (if applicable) | <input type="checkbox"/> Deposit Payment              |

Deposit: \$\_\_\_\_\_ Payment Type: ☐ Cash ☐ Check ☐ Visa ☐ Master Card  
CK # \_\_\_\_\_



# Barrington Recreation Program Registration Form

(603) 664-5224 RecDept@metrocast.net

105 Ramsdell Lane Barrington, NH 03825

Mailing Address: P.O. Box 660 Barrington, NH 03825

PARTICIPANTS 18 YEARS OF AGE AND OVER: Please fill out sections 1, 2, 5, 6 & 8

PARTICIPANTS UNDER 18 YEARS OF AGE: Please fill out sections 1 through 8

## 1 Program Registration Information

Program Name: \_\_\_\_\_

Please make check payable to **BARRINGTON RECREATION DEPARTMENT** Mail to: P.O. Box 660 Barrington, NH 03825

|| Office Use Only ||

Date Received: / /

Total Paid: \$

check#

or cash (circle)

rec'd by: \_\_\_\_\_

## 2 Participant Information

Participant Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## 3 Minor Child information

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Gender: M / F

Shirt Size (circle one): YS(6/8) YM(10/12) YL(14/16) AS AM AL AXL

Additional Information: \_\_\_\_\_

## 4 Parent/Guardian Information

Parent/Guardian: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

## 5 Medical Information/Emergency Contact Information

Participant's Doctor: \_\_\_\_\_

Phone #: \_\_\_\_\_

Participant's Dentist: \_\_\_\_\_

Phone #: \_\_\_\_\_

Medical Info/Conditions/Allergies: \_\_\_\_\_

Emergency Contact (other than self, parent or guardian): \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

## 6 Photo Release Authorization

Occasionally, photographs or video will be taken of the participant in this program. These photographs or videos may be selected for use in town and/or recreation department publications including it's website. However, we will not identify participant by name or release any other personal information.

(check one) \_\_\_\_\_ I GIVE MY PERMISSION or \_\_\_\_\_ I DO NOT GIVE MY PERMISSION for participant to be photographed.

## 7 Parent/Guardian Involvement (IF APPLICABLE TO PROGRAM)

**WE NEED YOUR HELP** to make our program successful from year to year. If not enough parents/guardians volunteer, this program will be in danger of cancellation. **NO EXPERIENCE IS NECESSARY** for anyone wishing to coach - several training sessions are provided for gameplay and coaching techniques.

**PLEASE VOLUNTEER FOR ONE OR MORE OF THE FOLLOWING ROLES:**

\_\_\_\_\_ COACH (Responsible for organizing team effort, skills and play as well as keeping parents informed and involved)

\_\_\_\_\_ Assistant COACH (Assist coach with assigned team)

\_\_\_\_\_ Field/Gym Supervisor (Has first aid kit/Makes sure equipment is put away/Reports any problems or concerns to Recreation Department)

## 8 Liability Release Waiver and Authorization Information

The above named participant or minor child in section 1 of this form (hereafter "participant") has permission to participate in the activities of the Barrington Recreation Department (hereafter "TOWN"). This permission slip is valid for one year unless it is revoked earlier in writing by the parent/guardian. I understand and accept that the activities of the Town involve strenuous athletic pursuits that include, but are not limited to, the risk of physical contact, physical injury and other inherent risks. In consideration of the above named participant being permitted to participate in the activities of the Town, in consideration of the instruction the participant is to receive and for other valuable consideration, I hereby agree on behalf of myself and the above named participant to indemnify and hold the Town of Barrington and all their officers, agents, employees, coaches and volunteers harmless from and against any and all claims of any sort whatsoever arising out of or in connection with the above named child's participation in Town activities.

ADDITIONALLY, THIS AGREEMENT SHALL APPLY TO ANY CLAIMS ARISING FROM OR THROUGH THE NEGLIGENCE OF THE TOWN OR ITS OFFICERS, AGENTS, EMPLOYEES, COACHES AND VOLUNTEERS.

(Minor child participant only): In the event I cannot be reached in an emergency of requiring medical attention for the above named child, permission is hereby given to administer such first aid as deemed necessary. Further permission is given to allow medical services to be performed by doctors, hospitals or other qualified medical providers as deemed necessary in an emergency, including surgery if reasonably necessary. I understand that the cost of all emergency services is my responsibility. Any exceptions or restrictions imposed by the parent or guardian must be detailed and initialed in the space provided below.

By signing below, I acknowledge that I have read and understand this Registration form and the Liability Release Waiver and Authorization noted in section 8. My responses are complete and accurate to the best of my knowledge and I agree to abide and be bound by this document.

Participant/Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# M.A.P., A.S.K. & K.A.P. Program

## BEHAVIORAL MANAGEMENT POLICY

Town of Barrington Recreation Department

Updated Version: 2/3/16


Parent/Guardian and participating child must read, understand and sign this form.

Discipline will be constructive in nature and include techniques such as:

1. Using limits that are fair, consistently applied, appropriate and understandable to your child's level
2. Providing your child with reasons for limits
3. Giving positively worded directions and redirecting your child to acceptable behavior
4. Helping your child to constructively express his/her feelings and frustrations to resolve conflict

*The program staff will not use any type of physical or verbal abuse as a disciplinary measure.*

*The following are the offenses and consequences that will be taken.*

OFFENSES:	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup> 
Verbally threaten to use guns, knives or any weapon to harm another	Immediate Expulsion from program NO REFUND				
Possession of a weapon					
The use of drugs and/or alcohol					
Stealing	Write Up Parents notified 2 day suspension Damage restitution	Expulsion from Program Damage restitution NO REFUND			
Willful destruction of property					
Physically harming another person					
Physical fighting					
Bullying (Physical or verbal)					
Disrespect of staff	Write Up Parents notified Damage restitution	Write Up Parents notified Damage restitution 2 day suspension NO REFUND	Expulsion from Program Damage restitution NO REFUND		
Found out of program boundaries					
Cursing					
Careless damage to REC or School property					
Inappropriate Language	Verbal Warning	Write Up Parent notified	Write up Parents notified Discussion of suspension	Write Up Parents notified 2 day suspension NO REFUND	Expulsion from program NO REFUND
Breaking Playground Rules					
Breaking Program Rules					

**Bullying:** Bullying includes a wide variety of behaviors, but all involve a person or a group repeatedly trying to harm someone who is weaker or more vulnerable. It can involve direct attacks (such as hitting, threatening or intimidating, maliciously teasing and taunting, name-calling, making sexual remarks, hazing and stealing or damaging belongings) or more subtle, indirect attacks (such as spreading rumors or encouraging others to reject or exclude someone).

**Physically harming another person:** includes but not limited to – hitting, biting, kicking & slapping

**Breaking program rules:** includes but not limited to defiance, uncooperativeness, insubordination, unruliness

**I have read and understand the above policy. I assume the responsibility for insuring that my child is aware of this policy and the consequences of his/her actions should there be any such offense.**

Parent/Guardian Signature:	Date:
Participant Name:	Age:
Participant Signature:	Date:





# M.A.P., A.S.K. & K.A.P

## Parent/Student Contract

**Child's Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

1. I agree to pay in advance for each week my child is registered. I understand that payment is due the Monday before the week service is needed. If payment is not received by the deadline, your child's spot may be forfeited due to a waiting list. If a spot is still available, any fee paid after Tuesday at 6:00 p.m. is subject to a \$5 late fee.
2. I understand that since programming costs for staff, rent, food and materials remain the same whether my child is in attendance or not, **there is no return of fees paid if a child is ill or fails to attend or is expelled.**
3. I agree to pay overtime fees of \$10 for the first 15 minutes and \$1 per minute thereafter regardless of the reason for being late. This fee is payable before your child can return to the program. I also understand that I may be asked to remove my child from the program if overtime is habitual.
4. I understand that there is a \$25 charge for all returned checks and that checks are to be made payable to Barrington Rec. I understand that it is my responsibility to keep statements, receipts or canceled checks for income tax purposes. Barrington Rec's Federal ID number is **02-0311338**.
5. I understand that my child may not be left on school grounds without supervision. I agree to walk my child into the Morning and Afternoon Program each morning and to be sure a Barrington Rec MAP staff member is present before releasing my child. I understand that staff is not prepared to accept my child until 7:00 a.m. I will sign my child in each morning and/or out each evening. Transportation home from the program will be provided by a parent or other designated person.
6. I understand that the normal operating hours for the Morning Program are 7:00am to the beginning of school, including days when a delayed start to the school day is necessary. I understand the normal operating hours for the Afternoon Program are from the ending of school to 6:00pm, including early release days. ***Additional hours may be prorated.*** These hours do not pertain to school closings. When the school closes (including early dismissals) due to weather or other conditions the MAP will be closed as well.
7. I agree to follow all parking procedures mandated by the Barrington Elementary School when I drop off and/or pick up my child(ren). I understand that failure to do so may affect my child(ren)'s enrollment in the program.
8. I understand that all forms required must be completed and on file before my child may attend. These include the registration form and this contract for services.
9. I understand that staff must release children to all parents listed on the registration form unless the Barrington Rec staff has been made aware of any court orders involving custody issues. In addition, I understand that I need to give written permission allowing staff to release my child to any individual other than the parent/guardian or those persons listed on this registration form.
10. I understand that the Barrington Rec Morning and Afternoon Staff cannot administer medication.
11. I understand that the Morning and Afternoon Program children may go on walking excursions. I agree that my child may participate in these trips.
12. The Barrington Rec may use any photographs or video tape of me or my child(ren) for promotional purposes unless otherwise noted in writing. \_\_\_\_Yes \_\_\_\_No
13. I give permission for my child to view PG movies. \_\_\_\_Yes \_\_\_\_No
14. I understand that I am responsible for any damages resulting from my child's actions to either Barrington Rec or school property.
15. I agree to support and reinforce all Before & Afterschool Program rules, procedures and the Behavior Management Policy that concern the health and safety of the children. I give permission for the Barrington Rec Morning and Afternoon Program staff to administer basic first aid. I give my consent for Barrington Rec Morning and Afternoon Program to obtain Emergency Medical Care for my child. I understand that my child(ren) may not attend the Barrington Rec Morning and Afternoon Program with any illness that threatens the health of other children, and the Health Department regulations governing periods of infection are enforced. I will be asked to pick up my child from the program if he/she has a contagious illness.
16. I understand that my child ***will*** be going outdoors everyday. I am responsible for making sure appropriate outdoor wear is supplied to my child. In accordance with the BES policy, if your child is too ill to go outside then they should not be in school or MAP. I will be asked to pick up my child from the program if he/she will not go outside due to illness.
17. I waive any claim for bodily injury or property damage against the Barrington School District, the Town of Barrington and the Barrington Rec while my child is a participant in a Barrington Rec program at any location.
18. I understand that I may be asked to withdraw my child if his/her behavior patterns threaten his/her own health and safety or the health and safety of other children. The established Behavior Management Policy will be followed, but severe infractions of the rules may result in immediate dismissal from the program.
19. I will notify the Barrington Recreation Department office at 603-664-5224 of any changes on the Program Registration Form.

ALL PARENT/GUARDIAN(S) WHO ARE RESPONSIBLE FOR THE ABOVE NAMED CHILD ***MUST*** SIGN BELOW. By signing below you acknowledge that you have read and understand the policies and procedures of the M.A.P., A.S.K. or K.A.P. Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

# Barrington Recreation Department

## Pick Up Permission Slip

**Program Name:** \_\_\_\_\_

**In the event that you cannot pick up your child(ren) from the program listed above, we need to have the names of the individuals we can release your child to on file.**

*The adult that picks up your child MUST bring PHOTO ID with them  
or they will NOT be able to pick up your child.*

**Please print in clear & legible handwriting!**

**Participant's Name:**

\_\_\_\_\_

**Mother's Name/Phone #:**

\_\_\_\_\_

**Father's Name/Phone #:**

\_\_\_\_\_

<b>Adults Full Name</b> <b>List below all adults that have permission to pick up your child. Besides parents, ONLY the adults you list below have permission to pick up your child.</b>	<b>Relationship to Child</b>	<b>Phone #</b>
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**BARRINGTON RECREATION DEPARTMENT  
MEDICAL TREATMENT & MEDICAL AUTHORIZATION FORM**

**Town of Barrington Recreation Department  
105 Ramsdell Ln. Barrington, NH 03825  
603-664-5224**

**Emergency Medical Treatment Authorization or Refusal**

In the event I, \_\_\_\_\_ cannot be reached in an emergency requiring medical attention for my child, \_\_\_\_\_, I hereby give my consent to employees of the Barrington Recreation Department to secure proper emergency treatment and transportation of my child as deemed necessary.

The Barrington Recreation Department requires the following information regarding medication needs of participant in Barrington Recreation programs. Please note the following policies:

1. Each medication (i.e. prescription and over the counter) to be taken or medical devices/procedures/inhalers/Epi-pens used during program hours will remain in the child's possession to be placed in the same location of child's backpack each day.
2. Camp staff are not authorized to administer medication. They will remind and supervise the taking of medication for the participant and medication listed below.
3. Parents/Guardians are solely responsible for ensuring that adequate medication is provided in a secured container labeled with your child's name, the name of the medication, the dosage amount, and the time or times to be taken.
4. Medical personnel are not provided at our programs.

Participant Name: \_\_\_\_\_

Name of Medication # 1: \_\_\_\_\_

Dosage Amount of Medication # 1: \_\_\_\_\_

Frequency of Dosage for Medication # 1: \_\_\_\_\_

Time(s) to be taken during program hours: \_\_\_\_\_

Duration of treatment: \_\_\_\_\_

Possible side effects and adverse reactions (if any): \_\_\_\_\_

Other information: \_\_\_\_\_

Health Care Prescriber: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Include additional medication information on next page.**

Name of Medication # 2: \_\_\_\_\_  
Dosage Amount of Medication # 2: \_\_\_\_\_  
Frequency of Dosage for Medication # 2: \_\_\_\_\_  
Time(s) to be taken during program hours: \_\_\_\_\_  
Duration of treatment: \_\_\_\_\_  
Possible side effects and adverse reactions (if any): \_\_\_\_\_  
\_\_\_\_\_  
Other information: \_\_\_\_\_  
Health Care Prescriber: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Medication # 3: \_\_\_\_\_  
Dosage Amount of Medication # 3: \_\_\_\_\_  
Frequency of Dosage for Medication # 3: \_\_\_\_\_  
Time(s) to be taken during program hours: \_\_\_\_\_  
Duration of treatment: \_\_\_\_\_  
Possible side effects and adverse reactions (if any): \_\_\_\_\_  
\_\_\_\_\_  
Other information: \_\_\_\_\_  
Health Care Prescriber: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_



Split Household Agreement  
Barrington Recreation Department  
105 Ramsdell Lane ~ 664-5224  
recdept@metrocast.net

To split a currently existing household or create a household with children in two different households, we must have the Split Household Agreement signed by both heads of household. Children in a current household can be placed in both households (linked) or placed only in one household. If parents would like to split the payments of child(ren)'s programs, the Recreation Department will adjust the payment plan in our system. Our system will split the payments/billing for each head of household. This agreement is solely for the purpose of clear documentation of household and payment intention. It is the responsibility of the child(ren)'s parents to pay amounts due to the Recreation Department.

If a program has already accrued a balance and you would like the amount backdated and split, the Recreation Department requires the payment intent documented on this agreement from both heads of household agreeing on the date for which payments from each person will begin. We will attach statements to this agreement as further proof of agreement and adjust accordingly within our system.

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Please list the names you would like in each household. If you would like the children in both households, please write their names under both households.

<b>Household #1</b> Primary Guardian _____ Address _____ Home phone _____ Work phone _____ Cell phone _____ Email address _____ Child #1 _____ Child #2 _____ Child #3 _____ Child #4 _____	<b>Household #2</b> Primary Guardian _____ Address _____ Home phone _____ Work phone _____ Cell phone _____ Email address _____ Child #1 _____ Child #2 _____ Child #3 _____ Child #4 _____
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<b>Pick-up Persons Permission List (name/phone number)</b> 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____	<b>Pick-up Persons Permission List (name/phone number)</b> 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____
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**Payment Arrangement for Programs**

Program Name #1: \_\_\_\_\_  
Primary Guardian #1 Payment Start Date: \_\_\_\_\_ Paying Bi-Weekly? Yes \_\_\_\_ or No \_\_\_\_ If no, please indicate \_\_\_\_\_  
Primary Guardian #2 Payment Start Date: \_\_\_\_\_ Paying Bi-Weekly? Yes \_\_\_\_ or No \_\_\_\_ If no, please indicate \_\_\_\_\_

Program Name #2: \_\_\_\_\_  
Primary Guardian #1 Payment Start Date: \_\_\_\_\_ Paying Bi-Weekly? Yes \_\_\_\_ or No \_\_\_\_ If no, please indicate \_\_\_\_\_  
Primary Guardian #2 Payment Start Date: \_\_\_\_\_ Paying Bi-Weekly? Yes \_\_\_\_ or No \_\_\_\_ If no, please indicate \_\_\_\_\_

.....

Primary Guardian #1 (print) \_\_\_\_\_ Date \_\_\_\_\_  
Primary Guardian #1 (sign) \_\_\_\_\_  
Primary Guardian #2 (print) \_\_\_\_\_ Date \_\_\_\_\_  
Primary Guardian #2 (sign) \_\_\_\_\_

Barrington Recreation Department \_\_\_\_\_ Date \_\_\_\_\_